

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <i>Akhenaton Jones</i>		COURT CASE NUMBER <i>23-CV-3791</i>	
DEFENDANT <i>YesCare</i>		TYPE OF PROCESS <i>Summons</i>	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>YesCare</i>			
SERVE AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>7901 State Road, Philadelphia PA 19136</i>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Samantha Melamed</i> <i>801 Market Street suite 300 phila, PA 19107</i>		Number of process to be served with this Form 285 <i>1</i>	
		Number of parties to be served in this case <i>12</i>	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <i>YesCare was formerly Corizon Health Services w/ address listed as 3232 Henry Ave Philadelphia PA 19129</i>			
Signature of Attorney other Originator requesting service on behalf of: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		TELEPHONE NUMBER	DATE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 (if more than one USM 285 is submitted))	Total Process	District of Origin No. <i>66</i>	District to Serve No. <i>66</i>
Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>		Date <i>2/8/2024</i>	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above) <i>Deyuan Edwards - BSHA, CCNP Regional VP of Administrative operations</i>		Date <i>2/15/2024</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above) <i>YesCare</i> <i>8001 State Rd. MOD 11 Phila. PA 19136</i>		Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Costs shown on attached USMS Cost Sheet >>

REMARKS

Process accepted via Electronic Service on Behalf of YesCare